



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
CIVIL RIGHTS

JUL 22 2015

Return Receipt Requested

Certified Mail#: 7009 2820 0002 1759 1940

In Reply Refer to:

EPA File No.: 16D-15-R3

Ms. Jocelyn Samuels, Director
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F
Washington, D.C. 20201

Re: Referral of Administrative Complaint

Dear Ms. Samuels:


On June 29, 2015, the U.S. Environmental Protection Agency (EPA), Office of Civil Rights (OCR), received an administrative complaint from (b) (6) Privacy. (b) (6) Privacy alleged that "Ms. Walers," an employee of the Philadelphia County Assistance Office, discriminated against him on the basis of either his race, national origin, or disability status when she failed to assist him with switching his health insurance policy so that he could receive treatment for his mental health condition. (b) (6) Privacy further opined that this behavior constituted a violation of Title VI of the Civil Rights Act of 1964 (42 United States Code (U.S.C.) §§ 2000d *et seq.*) and/or the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12101 *et seq.*), respectively. A copy of (b) (6) Privacy complaint is enclosed.

Because OCR has responsibility for processing complaints alleging violations of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the EPA's nondiscrimination regulations found at 40 Code of Federal Regulations (C. F. R.) Part 7, we assumed for purposes of processing that the subject complaint was premised on either one of the cited statutes or the regulation. However, the OCR has determined that the Philadelphia County Assistance Office is not an applicant for, or a recipient of, the EPA's assistance. Therefore, the complaint does not fall within the EPA's jurisdiction, and the EPA must reject it for investigation. *See* 40 C.F.R. § 7.15.

Because the U.S. Department of Health and Human Services' Office for Civil Rights (HHS) may have subject-matter jurisdiction over the subject complaint, the EPA OCR is referring it to HHS for appropriate action. We have notified (b) (6) Privacy that his complaint has been forwarded to your office and provided him your contact information.

If you have any questions regarding the referral, please contact me at (202) 564-6685 or Golightly-Howell.Velveta@epa.gov or, alternatively, Samuel Peterson at (202) 564-5393, via email at Peterson.Samuel@epa.gov. You may also reach us by mail at the U.S. EPA, Office of Civil Rights, (MC 1201A), 1200 Pennsylvania Avenue, N.W., Washington, D.C., 20460-1000. Thank you.

Sincerely,


Velveta Golightly-Howell
Director
Office of Civil Rights

Enclosure

cc: Elise Packard
Associate General Counsel
Civil Rights & Finance Law Office
(MC 2399A)

William Early
Deputy Civil Rights Official, U.S. EPA, Region 3
(MC 3DA00)

Hispanic Community Counseling Services

 INTAKE ☒ NEW ☐ REOPEN ☐ TRANSFER
☐ Self-referred ☐ Referred by

DATE/FECHA: 4/30/16		Age: 36		<input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Male <input type="checkbox"/> Child <input type="checkbox"/> Female	
Client's Name: Nombre: (b) (6) Privacy		Date of Birth: Fecha de nacimiento: (b) (6) Privacy			
Social Security #: # Seguro Social: (b) (6) Privacy		Relationship Status: Estado de Relación Civil: <input checked="" type="checkbox"/> Divorced/Divorciado(a) <input type="checkbox"/> Widowed/Viudo(a)			
Ethnicity: Etnicidad: <input type="checkbox"/> Hispanic/Hispano(a) <input type="checkbox"/> White/Blanco(a) <input type="checkbox"/> African American <input checked="" type="checkbox"/> Other: Mixed		Single/Soltero(a) <input type="checkbox"/> Married/Casado(a) <input type="checkbox"/> Separated/Separado(a) <input type="checkbox"/> Co-habiting/Co-habitando			
Primary language: Idioma principal: <input checked="" type="checkbox"/> English <input type="checkbox"/> Español		Gender/Sexo: MALE <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQI		Religion/Religión: N/A	

Client Address: Dirección: (b) (6) Privacy		Philadelphia, PA. 19103		Phone #: Teléfono: (b) (6) Privacy	
# of person(s) living with client: Número de personas en la casa:		Adults: Adultos: NA	Children: Niños: N/A	Relationship: Relación:	
Emergency Contact: Contacto de Emergencia:		Relation: Relación:		Phone: Teléfono:	
Primary Care Doctor: Doctor médico primario:		Address/Agency: Dirección/Agencia:		Phone: Teléfono:	

 FOR CHILDREN ONLY: (COMPLETE THIS SECTION IF CLIENT IS UNDER AGE 18)
 PARA NIÑOS SOLAMENTE: (COMPLETE SI ES MENOR DE 18 AÑOS)

Parent/Padre/Madre		Relation: Relación:		Phone: Teléfono:	
Custodial Guardian					
DHS Involvement: Envolvimiento de DHS?: <input type="checkbox"/> YES <input type="checkbox"/> NO		School Grade: Grado escolar:		Special Education? Educación Especial? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IEP Request?	

Client's Therapist Preference: Language: <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Either		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
referencia de Terapeuta: Idioma: <input type="checkbox"/> Español <input type="checkbox"/> Inglés <input type="checkbox"/> Cualquiera		Sexo: <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Otro	

* FOR CLINIC STAFF USE ONLY:

* PARA USO DEL PERSONAL DE LA CLINICA SOLAMENTE:

Insurance: Seguro:		CIS or MA #:		Living Status Code: Cód. Estado de Vida:	
Preliminary Axis I Diagnosis: Diagnóstico Preliminar:				Educ/Voc Code: Cód. Educación/Vocacional:	
Intake Specialist: Especialista de Ingreso:		Signature: Firma:		Start Time: Hora de Inicio:	
Assigned Therapist: Terapeuta Asignado:		Appointment Date: Fecha de Cita:		End Time: Hora de Fin:	
Clinical Director: Director Clínico:		Date: Fecha:		CBE-A Date: Fecha de CBE-A:	

JUN 29 2015

Pa. Const. Art. 1. Sec. 26: No Discrimination by Commonwealth & Its Political Subdivisions
Neither the Commonwealth nor any political subdivision thereof shall deny to any person the enjoyment of any civil right, nor discriminate against any person in the exercise of any civil right.

Title 42: U.S.C. Sec. 12102: Definition of Disability

Title 28: CFR. Sec. 39.130 – General Prohibitions Against Discrimination

Title 42: U.S.C. Sec. 1983: Civil action for deprivation of rights & inter alia.

Title 42: U.S.C. Sec. 2000d – Prohibition against exclusion from participation in, denial of benefits of & discrimination under federally assisted programs on ground of race, color or national origin.

Affidavit of Support

I, (b) (6) Privacy applied for medical assistant, to enroll in (b) (6) Privacy programs for (b) (6) Privacy disability at Hispanic Community Counseling Service at 3156 Kensington Av. Phila. Pa. 19134.

I was given a medical card Blue Cross Keystone Connect, Member # (b) (6) Privacy, in which the Mental Health Counseling Service (DOESN'T ACCEPT Keystone Connect).

I Called Keystone Connect: # 1-855-322-0434, to cancel or change the insurance.
The rep. said, you have to change it at your local county assistance office.

I called Keystone First: # 1800-521-6860. to apply for Keystone First. Because the at Hispanic Community Counseling Service will not except my Keystone Connect, only Keystone First.

I was not aware of all the subdivisions of keystone, that is what makes me incompetent & in life in general, that is why I am seeking (b) (6) Privacy help, A.S.A.P. and this facility fits my needs as a full.

On 15-06-2015, at the Philadelphia County Assistance Office District 2 South, 1163 South Broad St. Phila. Pa. 19147, (215)560-4400, Miss Walters, a customer service rep. I have explained my situation to her at the fullest of my level & she insisted by me to call all this numbers & in response, all the numbers provided, stated, the change must be made at your local county assistant office.

There for, I went back to Miss. Walters, to explain again, & she stated, I can't help you!!!!

All I know is that I am in need of my (b) (6) Privacy
(b) (6) Privacy at the Hispanic Community Counseling Service at 3156 Kensington Av. Phila. Pa. 19134.

United States v. Olmstead 277 U.S.438

United States v. Jannotti 673 F.2d 578

I, (b) (6) Privacy person actually have a (b) (6) Privacy impairment that substantially limits one or more major life activities are disabled within the meaning of ADA & Rehabilitation Act, See. 42: USC Sec. 12102(2)(a) & W.B. v. Matula 67 F.3d 484, 20 CFR 416.920(d). A person will also be considered disabled if there is a record of such an impairment, 42: USC. Sec. 12102(2)(b).

Respectfully Submitted

Date:

06/18/15

/s/

(b) (6) Privacy

Date:

06-18-2015

/s/

Louie Mouratidis

Louie Mouratidis, A pro se,
Congressional & Legislative Litigator

SERVICE BY FIRST CLASS MAIL:

From: (b) (6) Privacy
Phila, Pa. 19103
Record ID: (b) (6) Privacy

From: Louie Mouratidis, A, Pro se
Congressional & Legislative Litigator
11 South 36th St.
Phila, Pa. 19104.

To: F.B.I. Chief Investigator
Civil Fraud
600 Arch St. 8th Fl
Phila, Pa. 19106

To: Pennsylvania Office of Attorney General
Strawberry St.
Harrisburg, Pa. 17120

To: Philadelphia County
Assistance Office District 2
South, 1163 South Broad St.
Phila. Pa. 19147

To: U.S. Environmental Protection Agency
Office of Civil Rights
1200 Pennsylvania Av. N.W. Rm. 2540
Washington, DC. 20460

To: Pa. Human Relations Comm.
301 Chestnut St. Suite 300
Harrisburg, Pa. 17101

To: Pa. Human Relations Comm.
110 N. 8th St. Suite 501
Philadelphia, Pa. 19107

To: Director, Office of Civil Rights
1400 Independence Av. SW.
Washington, D.C. 20250

To: Citizens Discrimination Complaint
64 New York, Av. N.E. 6th Fl
Washington, D.C. 20002

To: U.S. Dept. of Agriculture
Office of Civil Rights Enforcement
Reporter's Building, Suite 400
Mail Stop 9430
Washington, DC. 20250

To: Commonwealth of Pennsylvania
Bureau of Hearings & Appeals
P.O. Box 2675
2330 Vartan Way, 2nd Fl
Harrisburg, Pa. 17105

To: Secretary of Public Welfare
Dept. of Public Welfare
P.O. Box 2675
Harrisburg, Pa. 17105

To: Keystone Connect
200 Stevens Drive
Phila. Pa. 19113

To: Keystone First
200 Stevens Drive
Phila. Pa. 19113

Respectfully Submitted

Date: 06/18/15

(b) (6) Privacy
/s/ (b) (6) Privacy

Date: 06-18-2015

/s/ Louie Mouratidis, A pro se,
Congressional & Legislative Litigator

PRIORITY MAIL[®]

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FOR INTERNATIONAL
ITEMS DECLARATION
MAY BE REQUIRED



EP14E July 2013

FROM: U.S. Environmental Protection Agency

Office of Civil Rights

1200 Pennsylvania Ave. NW, Rm. 3540

Washington, DC 20460

1201A

TO: U.S. Environmental Protection Agency

Office of Civil Rights

1200 Pennsylvania Ave. NW, Rm. 3540

Washington, DC 20460



FCF 20183505

JUN 29 2013

UNITED STATES

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